24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule	: E)				PAGE 1 OF 3 FOR SE OF FORM 24/48	
	COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Congre	ssional Leadership Fund		C C00504530			
Check if	24-hour report 🗶 48-hour report	rt New repo	ort 🗶 Amends repo	ort filed on	10 13 2016	
	^{me of Payee} rican Media & Advocacy G	Group		Date	e of Public Distribution/Dissemination	
Mailing	Address 815 Slaters Lane			Amo	10 11 2016 punt	
City		State	Zip Code	- $ $ $ $ $ $	952836.80	
Alexan	dria	VA	22314		nsaction ID : 001 e of Disbursement or Obligation	
	e of Expenditure placement		Category/ Type 004		of Disbursement of Obligation 10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name o	of Federal Candidate		Support	Office Soug	ght: X House District: 07	
Bera, A	.mi, , ,		X Oppose		ident Senate State: CA	
	llendar Year-To-Date r Election for Office Sought		953200.13	Disburseme 2016	ent For:	
Full Nai	me of Payee 1 Media			Date	e of Public Distribution/Dissemination	
Mailing	Address 1911 N. Fort Meyer Drive			1		
	Suite 400			Amo	ount	
City Arlingto	on	State VA	Zip Code 22209		14804.21 saction ID: 002 e of Disbursement or Obligation	
	e of Expenditure production		Category/ Type 004		10 / 11 / 2016	
Name o	of Federal Candidate		Support	Office Sou	ght: X House District: 07	
Bera, A	ımi, , ,		X Oppose	Pres	ident Senate State: CA	
	alendar Year-To-Date or Election for Office Sought		968004.34	Disburseme 2016	ent For: Primary X General Other (specify) ▶	
(a) SUB	TOTAL of Itemized Independent Expe	enditures		· · [967641.01	
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTA	AL Independent Expenditures			·· • [
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Crosby, Caleb, , ,	[Electron	ically Filed] Date	e 01	19 2017	
Signa	ture					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TOTILS	PAGE 2 OF 3 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
Congressional Leadership Fund	C C00504530						
Check if 24-hour report X 48-hour report New repo	rt X Amends report filed	d on 10 13 2016					
Full Name of Payee DMM Media		Date of Public Distribution/Dissemination					
		10 11 2016					
Mailing Address 1911 N. Fort Meyer Drive Suite 400		Amount					
	Zip Code	2795.52					
1 ·	22209	Transaction ID : 003					
Purpose of Expenditure	Ontonomy	Date of Disbursement or Obligation					
Media production	Category/ Type 004	10 11 2016					
Name of Federal Candidate	Support Office	e Sought: X House District: 07					
Bera, Ami, , ,	X Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought	970799.86 Disb 2016	ursement For: Primary X General Other (specify) ▶					
Full Name of Payee	·	Date of Public Distribution/Dissemination					
The Prosper Group		10 11 2016					
Mailing Address 435 East Main Street		Amount					
Suite 250		Amount					
1 ·	Zip Code	19042.00					
Greenwood IN	46143	Transaction ID: 004 Date of Disbursement or Obligation					
Purpose of Expenditure Media placement	Category/ Type 004	10 / 11 / Y Y Y Y Y Y					
Name of Federal Candidate	Support Office	e Sought: X House District: 07					
Bera, Ami, , ,	X Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought	989841.86 Disk 201	ursement For: Primary					
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures	>						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Crosby, Caleb, , , [Electronic Signature	cally Filed] Date	01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
- gradero							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	,	PAGE 3 OF 3 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼				
Congressional Leadership Fund	C	C00504530				
Check if 24-hour report 48-hour report New report	Amends report filed on 10	13 2016				
Full Name of Payee	Date of P	ublic Distribution/Dissemination				
Arena Online	07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1780 West Sequoia Vista Circle	Amount					
City State Zip Code		363.33				
Salt Lake City UT 84104		on ID: 005 isbursement or Obligation				
Purpose of Expenditure Media placement and production Category Typ		30 / 2016				
Name of Federal Candidate	Support Office Sought:	✗ House District: 07				
Bera, Ami, , ,	Oppose President	Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought 363.	Disbursement Fo	r: Primary ✓ General (specify) ✓				
Full Name of Payee	Date of P	ublic Distribution/Dissemination				
Mailing Address						
Mailing Address	Amount					
City State Zip Code		, , , , , , ,				
	Date of D	isbursement or Obligation				
Purpose of Expenditure Category Typ		/ D D / Y Y Y Y Y				
Name of Federal Candidate	Support Office Sought:	House District:				
	Oppose President	Senate State:				
Calendar Year-To-Date Per Election for Office Sought	Disbursement Fo					
	Other	(specify) -				
(a) SUBTOTAL of Itemized Independent Expenditures	······	363.33				
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	989841.86				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Crosby, Caleb, , , [Electronically Filed	17	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature						